
RELATED MEDICAL ISSUES:

1510

SPECIFIC INFECTIOUS DISEASES

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SPECIFIC INFECTIOUS DISEASES

INTRODUCTION**Overview**

This section of the manual provides an overview of two infectious diseases that are of particular relevance to the patient populations served in CONREP programs. The two specific diseases are:

- * Human Immunodeficiency Virus (HIV) Disease:

1. Asymptomatic
2. Symptomatic (AIDS); and

- * Hepatitis B Virus (HBV) Disease.

The following discussion contains general information about these diseases, related nondiscrimination policies, follow-up procedures and other associated issues which relate to the care of any CONREP patient who may have become infected.

CONREP Responsibility

CONREP programs are not responsible for diagnosing or providing the necessary medical treatment for patients suffering from these infectious diseases. The guidelines and procedures contained in this section are to be applied by all programs as they come into contact with patients who have HIV, AIDS, or HBV. All CONREP program staff are to be informed and familiar with the clinical, legal and practical ramifications of dealing with patients who have or are at risk of developing these diseases.

Intake Assessments

CONREP procedures for assessment and intake need to adequately cover sexual, medical and needle-use histories for the purpose of exploring patients' risk factors for HIV and HBV infections.

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INTRODUCTION

Nondiscrimination Policy

It is DMH policy that CONREP programs shall not discriminate in delivery of mental health services on the basis of a patient's suspected or assumed HIV infection, AIDS or HBV status or on the basis of behaviors which would be tolerated in an individual who is not at risk for these medical conditions.

Patients whose behavior puts them at risk for HIV/AIDS or HBV infection and who are known to have such infections shall receive mental health services at all levels of care according to established service delivery criteria.

Resource Identification

CONREP programs are expected to develop or secure an HIV/AIDS and HBV related resource guide that identifies support services, medical agencies and personnel within their geographic area to whom patients can be referred for information, counseling and medical assistance. Programs shall identify an HIV/AIDS/HBV resource person to whom other staff and patients can be referred for the most current information and materials.

AIDS Hot Line

Staff members or patients who have questions about HIV/AIDS should be referred to the following telephone numbers:

- * Northern California AIDS Hot Line:
1-800-367-2437 (English only);
- * Southern California AIDS Hot Line:
1-800-922-2437 (English);
1-800-922-7234 (Spanish); and
- * California Department of Health Services
AIDS Clearing House: 1-408-438-4822.

Inquiries about HBV should be directed to the county public health office.

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HUMAN IMMUNODEFICIENCY VIRUS (HIV) DISEASE

Definition

Diagnosed HIV infection is a medical condition indicating that the patient has tested positively for the antibody Human Immunodeficiency Virus. A diagnosis of HIV infection cannot be made by sight. A formal diagnosis can only be made by a qualified medical professional through a blood testing procedure.

Clinical Symptoms

Patients who test positively for HIV may have a variety of clinical manifestations, ranging from having no symptoms to having serious diseases or infections, including AIDS. (See following pages for further discussion of AIDS.) Some of the more common early symptoms include fever, fatigue, diarrhea, and swollen lymph glands.

Disease Transmission

Primary Modes

The HIV virus is transmitted primarily through body fluids:

- * Semen and vaginal fluid during sexual contact;
- * Blood through the use of contaminated needles and contaminated blood during transfusions; and
- * Contact between open wounds or sores on a person's body parts and contaminated blood.

HIV can be transmitted from mother to fetus during pregnancy, during birth and to an infant during breast feeding.

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HUMAN IMMUNODEFICIENCY VIRUS (HIV) DISEASE

Diseases Transmission (cont.)

Casual Contact

The HIV virus is not known to be transmitted through casual contact such as coughing, sneezing, handshaking or hugging; sharing of drinking glasses or from toilet seats.

Although tears and saliva may contain minute they have not been identified as sources of infections.

Mental Health Issues

For those patients who are HIV positive, anxiety disorders are most common. Depression is also very common and ranges from transient sadness to debilitating major depression. Other mental health issues include denial which may involve continuation of high risk behaviors. Suicidal ideation and/or intent are also frequently exhibited.

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ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS)

Definition

AIDS technically refers to the most extreme form of HIV infections. It is a syndrome that undermines the body's immune system, making individuals susceptible to infections and diseases which do not usually occur in healthy persons. It is these infections and diseases which may be life threatening.

AIDS is defined legally by a list of specific diseases. Many patients with symptoms do not fit the definition and some die without technically "having" AIDS. The average length of time between the point of HIV infection and development of secondary infections is eight years or more.

Clinical Symptoms

Generally, the symptoms may include fever, loss of appetite, nausea, swollen lymph glands, diarrhea, night sweats, fatigue, large weight loss (over 10 percent of body weight) and central or peripheral nervous system deterioration. These are also symptoms of many diseases and other causes need to be considered.

Common Diseases and Infections

The virus attacks cells primarily in the immune system and eventually may render the body defenseless against opportunistic infections and certain cancers. Some of these may include:

- * Fungal and viral infections;
- * Kaposi's sarcoma (KS), a type of cancer which often appears as one or many purple blotches on the skin;
- * Protozoal infections such as *Pneumocystis carinii*, a serious type of pneumonia; and
- * Lymphomas, cancers of the white blood cells.

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ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS)

Neuro-Psychiatric Issues

When the HIV infection attacks the brain and central nervous system, a progressive dementia disorder, the AIDS Dementia Complex (ADC) can occur. This is a decrease in cognitive or motor functioning that interferes with the activities of daily living and is caused by direct infection of the central nervous system by HIV.

It can be characterized by: cognitive slowing, motor slowing (particularly fine motor skills), decreased cognitive flexibility, and decreased visuospatial abstract reasoning.

In addition, patients with AIDS are vulnerable to other causes of neurological disease, including other viral and non-viral infections, neoplasms, and strokes.

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HEPATITIS B (HBV) DISEASE

Definition

HBV is a viral disease which damages and can destroy the liver. Formerly known as serum hepatitis, it is caused by a virus found in body fluids and secretions of an infected patient (blood, semen, urine, vaginal secretions, breast milk and saliva).

Inclusion of HBV

Information pertaining to HBV is also included in these policy and procedures on the basis of the following assumptions:

- * Similarity in the modes of transmitting the viruses;
- * The potential for HBV transmission in the occupational and residential setting;
- * The methods used to prevent the transmission of Hepatitis B will also minimize the risk of transmission of HIV.

Clinical Symptoms

Some of the more common symptoms patients with an HBV infection may exhibit are: malaise, fatigue, loss of appetite, joint pains, fever, nausea and flu like symptoms. Three to ten days after onset, dark urine, jaundice and urticaria (itching skin welts) may appear.

Disease Transmission

Since the HBV virus is present in body fluids and secretions, it is transmitted by the same types of contact with those fluids and contaminated needles as the HIV virus. HBV has also been shown to be transmitted by saliva, particularly through human bites.

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UNIVERSAL PRECAUTIONS

Infected Patients

All patients should be assumed to be infectious for HIV and other blood-borne pathogens. Therefore, all CONREP program staff are expected to be aware of the following universal precautions that should be practiced when working with any infected patients.

Handling Body Fluids

Whenever a staff member may be exposed to a patient's blood or other body fluids, he/she should wear disposal latex or vinyl gloves. In CONREP, this would normally occur during urine sample collection.

Immediately wash hands and exposed skin surface after contact with blood and or other body fluids. If soap and water are not available, use alcohol wipes, wet towelettes or waterless soap foam.

Spills

For spills of bodily fluids, use freshly diluted household bleach (1 part bleach to 9 parts water) or other disinfectants (hospital strength) to clean surfaces soiled with blood or other body fluids.

Needle Disposal

Avoid needle sticks and cuts to the skin by disposing needles immediately upon use, in a puncture resistant container. NEVER attempt to recap a used needle.

Skin Wounds

Staff members with crusted or draining skin lesions should consult their personal physicians regarding protection and treatment of affected body areas. They should not perform duties requiring "hands-on" care until lesions are healed.

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UNIVERSAL PRECAUTIONS

CPR Equipment

Although saliva is not considered a mode of transmission for HIV, other viruses and bacteria can be present and spread. Therefore, in anticipation of incidents requiring the use of cardio-pulmonary resuscitation (CPR), it is important that disposable airway equipment, mouth pieces and other mechanical devices such as: resuscitation bags, and other ventilation devices be immediately available for use by trained staff.

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EXPOSURE TO HIV AND HBV VIRUSES

Follow-up Procedures

Each program shall establish procedures for assisting staff members who have been exposed to HIV or HBV infection on the job. These procedures should include appropriate referrals, initiating same day medical evaluation and consideration of administering chemoprophylaxis, where appropriate. CONREP programs should make staff aware of available programs established for promptly initiating evaluation, counseling and follow-up regarding the risk of acquiring the HIV or HBV infection.

Notification of Exposure

Recent legislation (Chapter 708, Statutes of 1995) enables programs to attempt to determine if a patient who is the source of a possible HIV infection of a staff member is HIV positive. The attending physician of the source patient has 3 working days to respond to formal notification of significant exposure by providing information on the HIV status of the source patient and on the availability of existing blood or tissue samples. Health and Safety Code Section 199.676 of Chapter 1.155 specifies the circumstances under which existing blood or tissue samples may be tested and an exposed individual be informed of the HIV status of the source patient with or without the permission of the source patient.

Documentation of Exposure

Reporting Requirements

CONREP programs are required to comply with federal and state laws and regulations to report occupational illness and injuries.

Medical Records

As part of the employee's confidential medical records, the circumstances of any exposure should be recorded. Relevant information includes the activity in which the staff member was engaged at the time of exposure, the extent to which appropriate work practices and precautions were taken and a description of the source of exposure.

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PATIENT HIV TESTING**Detection**

The virus may be detected through tests that identify the presence of antibodies which the body has produced in response to infection. In most instances, the antibodies are developed between two and ten weeks after infection. However, some may take as long as six months to develop.

Test Counseling

If the program becomes aware that a patient is contemplating or has been tested for HIV antibodies, CONREP staff should make certain that the patient is offered or referred for pre-test and post-test counseling by a person specifically trained for this purpose.

Pre-test counseling should include an explanation of the potential risks and benefits of testing. The post-test counseling should address the psychological and educational issues (including the risks of transmission to others, as well as methods to avoid the risks). The identification of community resources should also be made available at this time.

Test Confidentiality

HIV antibody test results (both negative and positive) are specifically protected under the provisions of Health and Safety Code Section 199.21. Any initial disclosures relating to the results of a patient's HIV test will be done by the treating physician responsible for ordering the test.

These disclosures can only be made to the patient, his/her guardian, and those medical care practitioners responsible for the patient's care and treatment. This would include the specific CONREP clinician responsible for providing mental health treatment to the patient. The CONREP program itself, as well as Board and Care operators, have no right to be informed of the test results without the patient's informed consent.

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PATIENT HIV TESTING

Information Release

Authorization

Any subsequent release of HIV test results shall be by means of a specific written authorization of the patient. In addition, the patient's guardian, conservator or other person authorized to make health care decisions for the patient may authorize in writing the release of HIV test results.

Although legal statutes do not provide the same restrictions for HBV infected patients, these same procedures should be also followed for a patient infected with the HBV virus.

Consent Form

The written authorization shall be on a separate consent form apart from the general authorization to the release of information. The consent form shall:

- * Specify the information that is to be released;
- * Indicate where and to whom the disclosure is to be made;
- * Contain patient's signature or signature of patient's guardian, conservator or authorized person; and
- * Be dated.

The provisions listed above apply only to the HIV test results. Other AIDS and HBV related information for CONREP patients must be treated with the same confidentiality as would any other medical information, including testing, diagnosis and treatment.

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CONFIDENTIAL RECORDS

Special Medical Record Section

Each patient chart must have a special section or envelope in which to maintain confidential clinical and medical information.

All HIV/AIDS antibody related test information must be recorded or filed in this special section. Included in the section shall be HIV test results, pertinent consents, and any clinical documentation directly addressing HIV status.

Cover Sheet

The special section must have a cover sheet stating, "Restricted Information: Some information contained in this section is specifically protected by Health and Safety Code, Section 199.20."

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CASE MANAGEMENT CONCERNS

Specific Issues

Due to the nature of these illnesses with the potential for chronicity, deterioration, and fatality, there are specific case management issues that are important to take into consideration. These include the:

- * Vulnerability to opportunistic infection;
- * Potential for transmission of the HIV infection;
- * Fear and stigma directed towards HIV positive CONREP patients;
- * Monetary costs of medication;
- * Potential loss of housing, job and insurance coverage;
- * Potential withdrawal of friends and family;
- * Potential for suicide;
- * Provisions for durable power of attorney and other legal provisions; and
- * Potential loss of health and hope.

Patient Education

All patients should be counseled about safe sex practices by qualified staff or their case manager.

Modification of Mental Health Treatment

It is also important to be prepared for modification in the way some mental health treatment issues are addressed including:

- * Monitoring psychotropic medication for compliance, side effects, interaction with other medications, need for change in dosage (or toxicity) because of weight loss.

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CASE MANAGEMENT CONCERNS

Modification of Mental Health Treatment (cont.)

- * Fluctuation in mood, i.e. depression, suicidality and other self-destructive behavior.
- * Development of organicity or dementia.
- * Manic episodes or other conditions which interfere with behavioral control and may result in unsafe sex or drug-using practices which may spread disease.
- * Substance abuse because of loss of hope (or continuation of pre-existing substance abuse).

Information Sharing

Licensed medical professional such as physicians and nurses who will be the patient's provider of health care may be informed of the patient's HIV antibody status without a release of information.

This information shall not be released, however, to unlicensed personnel, regardless of the concern for the patient's welfare or the facility's liability.

A patient may sign a release of information to the facility director or appropriate designee, but must specify the appropriate information that is to be made available.